

CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF MISSISSIPPI

CASE NO. _____

Debtor Ben E McKay SS# xxx-xx-4805 Median Income ☒ Above ☐ Below
Joint Debtor Rhonda D McKay SS# xxx-xx-5075
Address 410 White Oak Cove Florence, MS 39073-0000

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed. The treatment of ALL secured / priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to be less than 36 months for below median income debtor(s), or less than 60 months for above median income debtor(s).

(A) Debtor shall pay \$ 620.00 per **semi-monthly** to the Chapter 13 Trustee. Unless otherwise ordered by the Court, an Order directing payment shall be issued to Debtor's employer at the following address: **\$1,240.00 monthly**

Packaging Corp of America

1955 W Field Court

Lake Forest, IL 60045

PRIORITY CREDITORS.

Filed claims that are not disallowed to be paid in full or as ordered by the Court as follows:

Internal Revenue Service:	\$	<u>13,455.44</u>	@	<u>224.26</u>	/month
Mississippi Dept. of Revenue:	\$	<u>0.00</u>	@	<u>0.00</u>	/month

DOMESTIC SUPPORT OBLIGATION DUE TO:

Marcie McKay
2487 Hwy 49 S
Florence, MS 39073

DHS
c/o Scott Weatherly
750 N State Street
Jackson, MS 39201

POST PETITION OBLIGATION: In the amount of **\$400.00** per month beginning **February 2015**.

To be paid _____ direct, _____ through payroll deduction, or **XXX through the plan.**

Marcie McKay
2487 Hwy 49 S
Florence, MS 39073

DHS
c/o Scott Weatherly
750 N State Street
Jackson, MS 39201

PRE-PETITION ARREARAGE: In the total amount of **\$1,600.00** shall be paid the amount of **\$26.67** per month beginning **January, 2015**.

To be paid _____ Direct _____ through payroll deduction **XXX through the plan.**

HOME MORTGAGES. All claims secured by real property which are to be paid through the plan shall be scheduled below. Absent an objection by a party in interest, the plan will be amended consistent with the proof of claim filed herein, subject to the start date for the continuing monthly mortgage payment proposed herein.

MTG PMTS TO: Trustmark BEGINNING December 2014 @\$ 939.00 ☐ PLAN ☒ DIRECT
MTG ARREARS TO: -NONE- THROUGH _____ \$ _____ @\$ _____ /MO*
6(*Including interest at %)

MORTGAGE CLAIMS TO BE PAID IN FULL OVER PLAN TERM:

Creditor: -NONE- Approx. amt. due: _____ Int. Rate: _____
 Property Address: _____ Are related taxes and/or insurance escrowed Yes No

NON-MORTGAGE SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i)(I) until the payment of the debt determined as under non-bankruptcy law or discharge. Such creditors shall be paid as secured claimants the sum set out below or pursuant to other order of the Court. The portion of the claim not paid as secured shall be treated as a general unsecured claim.

CREDITOR'S NAME	COLLATERAL	910* CLM	APPROX. AMT. OWED	VALUE	INT. RATE	PAY VALUE OR AMT. OWED
State Farm Bank	2005 Ford F150		1,700.00	4,500.00	5.00%	Amt. Owed
State Farm Bank	2011 F150		17,800.00	13,000.00	5.00%	Pay Value
Tower Loan	Lawn mower		4,500.00	800.00	5.00%	Pay Value

*The column for "910 CLM" applies to both motor vehicles and "any other thing of value" as used in the "hanging paragraph" of 11 U.S.C. § 1325

SPECIAL CLAIMANTS including, but not limited to, co-signed debts, abandonment of collateral, direct payments by Debtor, etc. For all abandoned collateral Debtor will pay \$0.00 on the secured portion of the debt. Where the proposal is for payment, creditor must file a proof of claim to receive proposed payment.

CREDITOR'S NAME	COLLATERAL	APPROX. AMT. OWED	PROPOSED TREATMENT
Prudential Premier	401(k) Loan	14,000.00	Pay zero; Already payroll deducted.
John Deere Financial	Tractor	27,521.08	Abandon: Treat deficiency balance, if any, as all other timely filed unsecured claims

STUDENT LOANS which are not subject to discharge pursuant to 11 U.S.C. §§ 523(a)(8) and 1328(c) are as follows (such debts shall not be included in the general unsecured total):

CREDITOR'S NAME	APPROX. AMT. OWED	CONTRACTUAL MO. PMT.	PROPOSED TREATMENT
-NONE-			

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments: -NONE-

GENERAL UNSECURED DEBTS totaling approximately \$ 48,801.49 . Such claims must be timely filed and not disallowed to receive payment as follows: IN FULL (100%) or 10 % (percent) MINIMUM, or a total distribution of \$, with the Trustee to determine the percentage distribution. **Those general unsecured claims not timely filed shall be paid nothing, absent order of the Court.**

Total Attorney Fees Charged \$ 3,200.00
 Attorney Fees Previously Paid \$ 390.00
 Attorney fees to be paid in plan \$ 2,810.00

The payment of administrative costs and aforementioned attorney fees are to be paid pursuant to Court order and/or local rules.

Automobile Insurance Co/Agent
State Farm Insurance

P.O. Box 5961

Madison, WI 53705-0961

Telephone/Fax 1-877-638-0175

Attorney for Debtor (Name/Address/Phone # / Email)
William W. Stover, Jr.

**511 East Pearl Street
Jackson, MS 39201**

Telephone/Fax **601-949-5000**

Facsimile No. **601-510-9089**

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johngadow@yahoo.com;

E-mail Address **btyler@pgtlaw.com**

DATE: **December 15, 2014**

DEBTOR'S SIGNATURE

/s/ Ben E McKay

JOINT DEBTOR'S SIGNATURE

/s/ Rhonda McKay

ATTORNEY'S SIGNATURE

/s/ William W. Stover, Jr.